## **Kildare County Archives Service**

## **READER'S APPLICATION FORM**

For communication, security and statistical purposes only. Information will not be passed on.

Please write legibly and give to Archive Staff

Surname First Name First Name
Permanent Address
Address in Ireland (if different)
Telephone Number & Code
Mobile Telephone Number
Subject of Research
Purpose of Research
If attached to a university, society or other institution, please give details
Declaration by Applicant
I have read the Rules for Readers and Reading Room Procedures and agree to abide by then
Signature Date
For Staff Use Only
Supervisor Date